Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE DEPARTMENT OF HEALTH

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SFUND RECORDS CTR

HAULER OF WASTE (Must be filled by hauler) PRODUCES OF WASTE (Must be filled by producer). ASBURY OIL CO. 13419 Haildale Ave., Gardena, California 90249 Phone: (213) 321-1392 Pick Up: Uam Upm Felephone Number. () P.O or Contract No.: State Liquid Waste Hauler's Registration No. (if applicable):_ Older Placed By Date No. of Loads or Trips: Unit No. 11 Type of Process which Produced Wastes: ... Vehicle: Vacuum truck _____ barrels, 🛘 flatbed, 🗖 other____ (Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining) The described waste was hauled by me to the disposal DESCRIPTION OF WASTE (Must be filled by producer) facility named below and was accepted. Check type of wastes: I certify (or declare) under penalty of periury that the foregoing is true and correct. 4 11 Acid solution 6. [] Tetraethyl lead sludge 11. [] Contaminated soil and sand SIGNATURE OF AUTHORIZED AGENT AND TITLE 7 [] Chemical toilet wastes 12. Cannery waste 2 !! Alkaline solution DISPOSER OF WASTE (Must be filled by disposer) 3. Harasticides 8 | Tank bottom sediment 13 Hales waste A. I. Print studge a [] oil 14 Mud and water 10 Drilling mud 15. D Brine 5 | | | Solvent The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements. State Department of Health regulations, and CODE NO local restrictions. (Examples: Hydrochloric acid, time, caustic soda.) Concentration: Upper phenolics, solvents (list), metals (list), Lower ppm Quantity measured at site (if applicable): _______State fee (if any): organics (list) cyanide) Handling Method(s): ☐ recovery treatment (specify): [EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION] disposal (specify): Dond Dispresding disposal (specify): Dinjection well other (specify): ___ If waste is held for disposal elsewhere specify final location Disposal Date: ____ Hazardous Properties of Waste: I certify (or declare) under penalty of perjury Bit I none [] toxic [] flaminable [] corrosive that the foregoing is true and correct. [] explosive The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports. Lisotid Litigard Listadge Special Heralling Instructions (if any): K001204 The wasta is described to the best of my ability and it was delivered to a licensed figuid waste hauter (if applicable FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING I certify (or declare) under penalty of perjury HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300. that the foregoing is true and correct. D.O.T. Proper Shipping Name